

Case Number:	CM14-0147773		
Date Assigned:	09/15/2014	Date of Injury:	05/09/2006
Decision Date:	10/20/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/11/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The records presented for review indicate that this 62-year-old gentleman was reportedly injured on May 9, 2006. The most recent progress note, dated August 14, 2014, indicates that the injured employee had an episode of stool incontinence three weeks prior. There was no weakness of the legs or incontinence of urine. The physical examination demonstrated lower extremity muscle strength of 5/5. The most recent MRI of the injured employee was dated November 1, 2013 which indicated disc degeneration as well as bilateral foraminal stenosis and a disc bulge/osteophyte complex along with facet hypertrophy at L5 - S1. There was also a posterior lateral disc protrusion at L4 - L5 causing severe stenosis of the right lateral recess. A previous lower extremity nerve conduction study suggested a chronic bilateral radiculopathy. Previous treatment includes psychotherapy, lumbar epidural steroid injections, and home exercise. A request had been made for an MRI of the lumbar spine without contrast and was not certified in the pre-authorization process on August 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI of the Lumbar without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRIs (magnetic resonance imaging)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - TWC/ODG Integrated Treatment/Disability Duration Guidelines; Low Back - Lumbar & Thoracic (Acute & Chronic) - Magnetic Resonance Imaging (MRI), Updated August 22, 2014.

Decision rationale: According to the Official Disability Guidelines (ODG), a repeat MRI is not routinely recommended and should be reserved for significant changes in symptoms and/or findings suggestive of significant pathology such as a tumor, infection, fracture, neurocompression, or recurrent disc herniation. While the most recent progress note, dated August 14, 2014, indicates that the injured employee had an isolated episode of stool incontinence there is no complete neurological examination on this date that indicates any potential neurological compromise. Considering this, a repeat MRI of the lumbar spine is not medically necessary.